NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 7 July 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Mr P Daniels OBE
Mr P Hamilton
Mr D Sime
Mrs E Smith
Mr K Winter
Cllr D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Mr D Griffin
Mrs J Murray
Cllr J McIlwee
Mr B Williamson

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Ms C Cowan	..	Director of South East Glasgow CHCP
Ms J Gibson	..	Head of Performance and Corporate Reporting
Ms S Gordon	..	Secretariat and Complaints Manager
Mrs J Grant	..	Chief Operating Officer, Acute Services Division
Mr A McIntyre	..	Director of Facilities
Mr A MacKenzie	..	Director of North Glasgow CHCP
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs

ACTION BY

43. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Calderwood, Ms R Dhir MBE, Mr I Lee and Councillor D McKay.

44. MINUTES

On the motion of Mr P Hamilton, seconded by Mrs E Smith, the Minutes of the Performance Review Group meeting held on 19 May 2009 [PRG(M)09/03] were approved as an accurate record.

ACTION BY

45. MATTERS ARISING

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

There was submitted a paper [Paper No. 09/30] from the Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs inviting the Performance Review Group (PRG) to consider information on access to GP services.

Ms Renfrew explained the historical and present national arrangements to evaluate access to GP services and noted that in 2008-09, a national patient survey of 48 hour access was implemented within a revised Quality and Outcomes Framework (QOF). She led the Group through the results of this survey, whereby, out of 160,000 survey forms posted to NHSGGC patients, 68,000 completed forms were returned (42.7%). Returns were analysed at a national level and results provided to Boards at practice level. In NHSGGC, 91.9% of patients who completed a return said that, in the previous 12 months (from November 2008), they had been able to see or speak to a GP or nurse at their practice within 48 hours of seeking this service.

Ms Renfrew commented that the survey provided reassurance about access but would only be run on an annual basis with the next survey being implemented across NHS Scotland in the late Autumn of 2009. CHCP/CHP Directors were considering whether the Board needed to supplement this information through additional means and how locally action could be taken with practices that appeared not to meet the standard.

Mr Daniels commented that the 91.9% of patients who had been able to access a GP or nurse within 48 hours of seeking this service appeared to be acceptable. He wondered, however, if indeed this was the case, how success in this regard was measured and whether such an approach was valid to measure patient access to services. Ms Renfrew reported that GPs agreed this approach when negotiating their contract. In terms of how the Board faired against other NHS Scotland Boards, Ms Renfrew agreed to circulate to members, the national results.

Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs

An alternative method discussed to obtain helpful and robust information was via "mystery shopping" as this may provide the Board with more insightful and credible information into patient access locally. This approach may, however, require some investment by the Board in terms of time and resources.

Mr Williamson recognised that the data from this survey was not the Board's but rather the Scottish Government Health Directorates' (SGHD) and locally the results would, therefore, be scrutinised at CHCP/CHP level to address areas of concern and/or learn from areas of best practice.

Mr McLaws confirmed that GP magazines had been publishing articles on the outcomes of this national survey and he expected that, following SGHD publication, local media interest would result.

Mr Sime commented that if the GP contract was based on such methodology the Board could not change that. Ms Renfrew agreed and explained that although these results were in accordance with the GP contract and published at a national level, it did not prohibit the Board from collecting data in an alternative way.

ACTION BY

DECIDED

That the Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs, consider these results further and return to the PRG in the Autumn with a proposal for a robust approach to tackling the measurement of 48 hour patient access.

Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs

b) Update on the New South Glasgow Hospital and Laboratory Project

In relation to Minute 32 – Update on the New South Side Hospital and Laboratory Project - Ms Byrne reported that 3 companies had been shortlisted by the evaluation panel and had been issued with the Invitation to Participate in Dialogue (ITPD) documentation on 1 May 2009. Competitive dialogue was now underway and centred around four key components (design, logistics, laboratories and commercial, with a major focus also on Facilities Management). Competitive dialogue would end in the next few weeks and tenders would be submitted on 11 September 2009 when, thereafter, each would be analysed and evaluated. A recommendation would be submitted to the Performance Review Group meeting scheduled for 3 November 2009.

Director of Acute Services Strategy Implementation and Planning

Ms Byrne outlined other work that was ongoing in terms of progressing with the overall Project and reaffirmed that the original project plan and associated time commitments were being adhered to. In response to a question, Ms Byrne confirmed that she and the project team continued to work with Architecture Design Scotland.

NOTED

c) H1N1 Update

Ms Renfrew reported that yesterday UK Ministers announced a move to the treatment phase for Influenza A/H1N1 across the UK. The key changes of this were:-

- stopping contact tracing and prophylaxis;
- a reliance on primarily clinical diagnosis;
- focusing antiviral treatment on those with higher risk of complications or death;
- introducing new surveillance measures for the virus.

She described what this move to a treatment phase meant for arrangements in NHS Greater Glasgow and Clyde. The most important element to emphasise was that GPs should use their discretion to authorise antivirals for anyone for whom, in their clinical judgement, Influenza A/H1N1 virus presented a significant risk of, or was already causing severe illness.

The process in NHS Greater Glasgow and Clyde from Monday, 6 July was:-

- Swabbing centres would cease operation. They took their last referrals from the Out of Hours service at 8am on Monday, 6 July and closed by the end of that day;
- Cases would be diagnosed on clinical grounds;
- Swabs could still be taken if clinically indicated but it was anticipated numbers would be small.

NOTED

46. AUDIT SCOTLAND – PROMOTING ENERGY AND EFFICIENCY

There was submitted a paper [Paper No. 09/31] from the Director of Facilities noting actions taken by the Facilities Directorate to implement the findings of the Improving Energy Efficiency Report.

Mr McIntyre explained that Audit Scotland, published in December 2008, the joint Auditor General and Accounts Commission Report on improving energy efficiency. This report provided an assessment of how Councils, the NHS and Central Government Bodies were improving their energy efficiencies. He led the PRG through the key messages of the report and explained that NHSGGC participated in the collation of data that formed the basis of this report.

This took the form of a completed questionnaire submitted to Audit Scotland with follow-up interviews with key personnel to test efficacy of the questionnaire submission and the Board's strategy towards improving energy efficiency. Feedback on the survey was sent to the Board in the form of a summary report in April 2009. Since that time, the Board had undertaken the Carbon Trust Carbon Management Programme successfully and produced a Carbon Management Plan which addressed many aspects of energy as well as carbon management.

Mr McIntyre highlighted the following points:-

- The Board published in March 2009 a Board Sustainability Strategy which incorporated a series of projects with a view to CO^2 emission target reductions.
- The Board's Chief Executive had endorsed the Sustainability Strategy and the Chief Operating Officer of the Acute Services Division chaired the Sustainability Group. The Board's Carbon Plan was endorsed by the Chief Executive and was managed by the Director of Facilities.
- An Energy Awareness Campaign formed key objectives in the Sustainability Strategy. The campaign would be reviewed and subsequently endorsed by the Chief Executive and would be implemented throughout the Board addressing a series of practical measures that could be taken to improve energy management and seeking support locally within departments for commitment to the programme objectives. In developing this Sustainability Strategy and Carbon Plan, advice had been taken from the Carbon Trust and leading consultancies in energy management plans.
- Energy efficiency activities were managed and co-ordinated by the Director of Facilities with a senior member of the Facilities Management Team leading on a day-to-day basis. The Board had in place an Energy Management Team led by a senior estates manager and the aim of the team was to monitor and report against the HEAT target of 2% reduction of energy consumption year on year and to develop and implement energy and carbon reduction schemes.
- The Board had been putting in place a base structure for the collection of base energy data and CO^2 emissions. In addition, a review of energy metering capabilities was underway and plans had been developed to improve the capture of data. Work was ongoing in conjunction with Health Facilities Scotland to determine a consistent approach to the capture of data in multiple occupancy buildings.
- The Board currently had in place, as part of its procurement objectives, a commitment to more energy efficient equipment and appliances. In the design of major capital projects, the Board applied the principles of BREEAM (BRE Environmental Assessment Method) to assess the energy efficiency and sustainable aspects of a project.

In response to a question from Mr Williamson regarding the Energy Policy that was approved by the Board in 2007, Mr McIntyre confirmed it had not, as yet, been rolled out Board-wide due to the development and implementation plans for the Carbon Management Plan. Mrs Grant, however, confirmed that actions would be drawn up from this Policy and rolled out throughout the Acute Services Division shortly.

NOTED

47. JOINT WORKING – GLASGOW CHCPS

There was submitted a paper [Paper No. 09/32] from the Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs asking that the Group note the current position with Glasgow City Council.

Ms Renfrew reminded the Group that work had been continuing between the Board and Glasgow City Council to address a number of issues with the state of development of the CHCPs. These included the limited levels of delegation and resource devolution, stalled progress in integrating NHS and Social Work Services and potential issues with the governance arrangements.

Ms Renfrew explained progress that had been made from an NHS perspective between December 2008 and March 2009 when the NHS Board considered a proposal, agreed with the Council, to establish revised governance arrangements for the CHCPs. She summarised the detail of that proposal and explained that, on the basis of this commitment, the March Board agreed there had been substantial progress in resolving the issues of concern and that the time-line for further detailed work would be extended to June 2009. That decision had been based on the assumption that a revised Scheme of Establishment could be finalised for approval at the June 2009 Board meeting. Ms Renfrew restated that in agreeing to this approach, the establishment of the new governance arrangements was "subject to the confirmation of which budgets the Council did not propose to delegate to the CHCPs". This statement was based on prior discussions with the Council.

Ms Renfrew went on to provide the Group with a progress report on work since March 2009. This had included a number discussions with Council officers and a development workshop that had taken place on 23 May 2009 with a cross section of Council, CHCP and Corporate NHS staff to explore financial, professional and relationship issues further. Following the workshop, a series of further exchanges took place but the two Chief Executives were not able to agree a joint commitment that CHCPs would hold, by April 2010, on a devolved basis, the totality of the budgets for the services and care groups for which they were responsible. In the view of the Board Officers, this commitment was essential to deliver viable, integrated CHCPs.

Ms Renfrew set out the principles that the Board was proposing be applied to social work budgets without which the financial regime would not support the integrated model of CHCPs and would limit their capacity to address overspends on a whole care system basis and to reform services. Ms Renfrew noted that it was fundamental that the Board had full confidence that the Council was committed to delivering the financial regime which was essential to underpin the delivery of workable integrated CHCPs as originally conceived and agreed. The Board's support for the revised governance and Directors' employment arrangements was on the basis that they provided a platform to enable the Council to move forward substantial resource devolution.

Further progress was required on a number of other issues. These included the relationship of the Chief Social Work Officer role to the CHCP Directors and the development of singular planning and performance arrangements had not delivered definitive conclusions. However, in order to make positive progress the Board Chair had indicated, to the Council Leader that if the issue of budget devolution could be resolved then he would be able to recommend to the Board moving into

shadow joint partnership arrangements and that these important wider issues could be addressed through that Joint Board.

Following a further series of exchanges between the Chief Executives without resolution, the Board Chair met the Council Leader to assess whether a positive way forward could be achieved which reflected the Board's continuing commitment to achieve the model of CHCPs originally agreed. In that discussion, the Council Leader agreed that a draft Council Executive paper, which had proposed only limited devolution, would be amended and would include a clear statement that the Council Leader and Chair of the NHS Board shared a joint commitment that CHCPs would hold, by April 2010, on a devolved basis, the totality of the budgets for the services and care groups for which they were responsible.

The Chair briefed the June 2009 Board meeting that he anticipated this agreement would provide a basis to confirm the essential full budget devolution and, therefore, enable a formal proposal to come forward to the PRG for decision in early July to move to the shadow arrangements discussed earlier. Further exchanges with Council Officers, however, had not yet enabled the Board to establish the required clarity on the devolution of budgets and consequently recommend that there was a basis to move to the revised governance arrangements.

Ms Renfrew concluded that it remained the Board's view that this was the best model for the delivery of high quality health and social care services and to focus on addressing health inequalities separately. The present arrangements for the CHCPs were not financially viable in the long term. The Board's intention had been to resolve that position by March 2009. The failure to progress on the key issues did not currently allow the Board to be confident that there was a basis on which to move to the revised governance arrangements, even on a shadow basis.

During discussion, the following points were raised:-

- It was clear that the Leader of Glasgow City Council was fully supportive of CHCPs with fully devolved responsibility but that failure to fully conclude the financial issues raised concerns about proceeding to the establishment of the Joint Partnership Board. Ms Renfrew explained that the Board had asked for a clear financial statement from Council Officers to reflect the Council Leaders commitment to devolution. Members expressed disappointment that the agreement had not been substantiated with the relevant financial information.

- Members affirmed their continuing support for direction of travel and in particular the introduction of the Joint Partnership Board, which would enable non Executives and Councillors to work closely together. It should be established as soon as the financial agreement was confirmed. They were not confident that the shadow Joint Partnership Board could resolve these core financial matters.

- The Group was disappointed to note continuing concerns that the CHCPs as represented in Council papers were not exercising proper financial control, which had not been the NHS experience.

- There was recognition that one Board member on each CHCP Committee was not enough. The revised Scheme of Establishment should resolve this and enable additional appointments to be made. It was also suggested that it would be useful for the Chairs and Vice Chairs of the CHCPs to form a forum to discuss future working arrangements.

- There needed to be a firm conclusion reached at the August 2009 Board meeting and, although the integrated model retained the full support of the Board, if agreement could not be made with the Council to move to enable the CHCPs to function then, the Board would require to look at NHS based CHP options in order that stable and viable arrangements could be put in place without further delay.

DECIDED

- That the headline agreement with the Council, reported to the June 2009 Board meeting, that CHCPs would hold, by April 2010, on a devolved basis, the totality of budgets for the services and care groups for which they were responsible, was still the target to be aimed for.
- The Group required reassurance that substance was now following the Council Leader's commitment to the fully integrated CHCP model.
- That while there was continuing support for the model of the Joint Partnership Board, without that confidence there was no basis to approve proceeding to the establishment of the Joint Partnership Board at this stage.
- That the Chair and Officers should continue to seek the financial information required to give confidence in the Council's commitment to full devolution. That information would enable the August 2009 Board meeting to have, for approval, a revised Scheme of Establishment which would include an explicit statement of the Council's resources which would be devolved. If this position could be reached, and a revised Scheme presented and approved in August, the Joint Partnership Board could be established without further delay. **Chairman**
- That this approach was in line with the conclusion of the Council's Executive Group paper.
- That, if negotiations could not deliver that substantive agreement, alternative proposals to establish NHS only CHCPs through an orderly transition should be brought forward to the August 2009 Board meeting for approval. **Director of Corporate Planning and Policy/Lead Director Glasgow CHCPs**

48. PERFORMANCE REPORT – QUARTER 4: JANUARY TO MARCH 2009

There was submitted a paper [Paper No. 09/33] from the Head of Performance and Corporate Reporting setting out the Performance Report for Quarter 4 2008/09.

Ms Gibson advised that work continued to progress in improving data collection and ensuring consistency and comparability between different areas within the NHS Board and this report was one component of the performance management framework which also included six monthly Organisational Performance Reviews (OPRs) and entity specific performance reports.

Ms Gibson highlighted some of the successes and challenges in terms of performance against individual targets within the seven corporate themes. The following was noted:-

- The percentage sickness absence was 4.9% as at the end of March.

- The percentage of women breast feeding in deprived areas had increased slightly to 26%. Performance against the national breastfeeding target was explored in detail at the six monthly Organisational Performance Reviews and, in particular, with the Woman and Children's Directorate. As such, it was hoped to see a further improved performance within the next reporting period.
- In respect of the QIS Clinical Governance and Risk Management Standards improving, the Head of Clinical Governance was progressing this and an update on performance would be provided at the next meeting.
- It was disappointing to note that the percentage of GP referrals to hospital locations received electronically remained at 71% when the target was 90%. IT issues were being ironed out in an effort to improve upon this.
- The Board had met the very challenging cancer target for the first time in Quarter 4, and this significant achievement was noted.

NOTED

49. COMMUNICATION ISSUES: 19 MAY TO 29 JUNE 2009

There was submitted a paper [Paper No. 09/34] from the Director of Corporate Communications covering communication actions and issues from 19 May to 29 June 2009.

Mr McLaws highlighted the following:-

- H1N1 had continued to dominate the work of the Directorate during this period and staff had liaised closely with the Scottish Government and other Public Sector Partners to ensure consistent messages about the virus. A flu portal had been developed on the NHSGGC website which contained information for staff including GP colleagues and the public which was updated daily. This had received positive feedback and staff continued to develop the site to meet the specific needs of staff and public. The Cabinet Secretary was due to visit Dalian House on Monday 13 July and to see, in particular, staff within the Public Health Protection Unit.

- The Directorate had taken the lead in developing a Communications Action Plan in relation to the three work-streams in the delivery of the Maternity Services Strategy. The plan related to the closure of the Queen Mothers Hospital in January 2010, the extension and refurbishment of the Southern General Maternity and the various elements of the maternity services redesign, including the introduction of obstetric "hub and spoke" pathways and 20-week foetal abnormality scans. The action plans would be taken forward and monitored by a Communications Sub-Group which included wide clinical, management and staff representation.

- The next addition of Health News was due to be published on 29 July 2009 and would showcase some examples of cutting edge treatment pioneering research and first class care being delivered to patients throughout NHSGGC. It would also launch the Board's new Celebrating Success microsite which had been developed to highlight best practice, positive patient experiences and the many awards and successes achieved by staff.

- It was reported that the NHS Board's Annual Review was to be held on 19 October 2009 in the Thistle Hotel. There were some modifications to the format from previous years and as such, Ms Gibson would prepare a briefing paper for members' information. **Head of Performance and Corporate Reporting**

NOTED

50. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 15 September 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.40 am